



**Board for Architects, Professional Engineers, Land Surveyors,  
Certified Interior Designers and Landscape Architects  
ARCHITECT EXPERIENCE VERIFICATION FORM**

**Instructions:**

*Applicant:* Complete items #1 through #12, then forward this form to the firm named in #4.

*Verifier:* Complete items #13 through #26. Enclose the form and one copy in a sealed envelope with your signature across the sealed flap. Return it to the applicant (for inclusion in their application package) or mail directly to the Board at the address listed above. Your prompt response is appreciated.

1. Applicant's Name \_\_\_\_\_  
Last First Middle Generation

2. Social Security Number or Virginia DMV Control Number\*  -  -

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

3. Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

4. Employer (firm where experience was obtained) \_\_\_\_\_

5. Employer's Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

6. DATES OF EMPLOYMENT						7. LENGTH OF TIME		8. STATUS (Check one)				9. INDICATE % OF TIME SPENT IN EACH PRACTICE CATEGORY (IDP applicants must complete IDP training report instead of this form)													
FROM			TO			FULL-TIME	PART-TIME (Less than 35 hours per week)	PARTNER	CORP. DIRECTOR	EMPLOYEE	OTHER (EXPLAIN)	PROGRAMMING	SITE & ENVIRONMENTAL ANALYSIS	SCHEMATIC DESIGN	CONSTRUCTION COST ANALYSIS	CODE RESEARCH	DESIGN DEVELOPMENT	CONSTRUCTION DOCUMENTS	SPECS & MATERIALS RESEARCH	DOC. CHECKING & COORDINATION	BIDDING PROCEDURES	CONSTRUCTION PHASE-OFFICE	CONSTRUCTION PHASE-OBSERVATION	PROJECT MANAGEMENT	OFFICE MANAGEMENT
MO	DAY	YR	MO	DAY	YR	<input checked="" type="checkbox"/>	HOURS PER WEEK																		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

10. Check **all** services performed by the firm.

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Architecture            | <input type="checkbox"/> Planning                           | <input type="checkbox"/> Military/Government Design Facility |
| <input type="checkbox"/> Engineering             | <input type="checkbox"/> Interior Design/Contract Interiors | <input type="checkbox"/> Corporate Facilities Department     |
| <input type="checkbox"/> Real Estate Development | <input type="checkbox"/> Construction Management            | <input type="checkbox"/> Other _____                         |

11. Indicate your supervisor's position within the firm.

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Registered Architect  | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Planner     |
| <input type="checkbox"/> Professional Engineer | <input type="checkbox"/> Interior Designer   | <input type="checkbox"/> Other _____ |

12. Applicant's authorization and release. **This release must be signed before forwarding form to the experience verifier.**

I hereby authorize the Virginia Board to make inquiries of the individual listed in #13 on page 2 of this form with respect to my background and character. I invite full and complete responses to all inquiries. I release said person from any and all claims, including claims for libel and slander, which may arise out of the communication of any information to the Virginia Board.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

Questions #13 through #26 should be completed by the applicant's employer or associate who qualifies as being the person in responsible charge under whose supervision the applicant is claiming credit for work experience.

13. Verifier's Name

\_\_\_\_\_  
Last First Middle Generation

14. Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

15. Current Employer

16. Employer's Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

17. Current Position

\_\_\_\_\_

18. Do you hold any of the following licenses? Check **all** that apply.

☐ Architect State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
  
☐ Professional Engineer State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
  
☐ Other \_\_\_\_\_ State \_\_\_\_\_ License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

19. Position held in (or relationship to) the firm listed in #4.

\_\_\_\_\_

20. Are the dates of employment shown in #6 correct?

Yes ☐ No ☐ If no, clarify. \_\_\_\_\_

21. Have you directly supervised the applicant?

Yes ☐

No ☐ If no, what is your professional relationship to the applicant? \_\_\_\_\_

How did you obtain knowledge of the applicant's professional experience?

\_\_\_\_\_

22. Are the experiences shown by the applicant in #9 correct? Yes ☐ No ☐ If no, explain.

\_\_\_\_\_

23. Are the services performed by the firm in #10 correct? Yes ☐ No ☐ If no, explain.

\_\_\_\_\_

24. Indicate your assessment of the applicant's professional conduct and current technical competence in the following chart. If you select an "Unsatisfactory" rating, please submit a letter of explanation with this form.

	EXCELLENT	SATISFACTORY	MARGINAL	UNSATISFACTORY	NOT QUALIFIED TO ANSWER
Technical Competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Additional Comments.

\_\_\_\_\_

26. Signature \_\_\_\_\_ Date \_\_\_\_\_